PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) MAKING BUSINESS EXCEL POLITICAL ACTION COMMITTEE PO Box 2687 ADDRESS (number and street) (Check if address is changed) Cody 82414 WY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS MBEPAC@hotmail.com (Check if address is changed) Optional Second E-Mail Address jvtope@msn.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00392134 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Mrs. June V. Tope Type or Print Name of Treasurer Mrs. June V. Tope [Electronically Filed] 02 17 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact:

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FEC FORM 1 (Revised 06/2012)

	EEC Ea	rm 1 (Pavisad 02/2000)	Page 2
		om 1 (Revised 02/2009) OMMITTEE	raye Z
		Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	nplete the candidate
Nam Cano	e of didate		
	didate / Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		Corporation Wo Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

••••	uge# 10000021270		
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_	FEC Form 1 (Revised	02/2009)	Page 3
٧	Vrite or Type Committee Nar	ne	
	MAKING BUS	NESS EXCEL POLITICAL ACTIO	ON COMMITTEE
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Represer	ntative, or Leadership PAC Sponsor
ĘΕ	NZI FOR US SENA	TE	
_			
L		PO BOX 2775	
	Mailing Address		
			20444
		CODY W	/Y 82414 – –
		CITY ST	TATE ZIP CODE
7.		Affiliated Committee Joint Fundraising Repentify by name, address (phone number optional) and position of	resentative X Leadership PAC Sponsor f the person in possession of committee
	Mrs. Jur	e V. Tope	
	Full Name	,P.O. Box 2687	
	Mailing Address	1.0.50	
		Cody	VY 82414
	Title or Position	CITY STA	TE ZIP CODE
	treasurer	Telephone number	307 - 272 - 9752
8.	Treasurer: List the name a any designated agent (e.g.	nd address (phone number optional) of the treasurer of the comassistant treasurer).	imittee; and the name and address of
	Full Name Mrs. Jun of Treasurer	e V. Tope	
	Mailing Address	P.O. Box 2687	
	J		

WY

STATE

Telephone number

82414

307

ZIP CODE

9752

272

Cody

Title or Position treasurer

CITY

	m 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Tolophono number	-1 1-1
	Telephone number	
	r Depositories: List all banks or other depositories in which the committee deposits funds, oxes or maintains funds. Depository, etc.	
safety deposit be	Depository, etc. First Interstate Bank	
safety deposit be Name of Bank,	Depository, etc. First Interstate Bank undefined	
safety deposit be Name of Bank,	Depository, etc. First Interstate Bank undefined Cheyenne CITY STATE	001
safety deposit be Name of Bank, Mailing Address	Depository, etc. First Interstate Bank undefined Cheyenne CITY STATE	001
safety deposit be Name of Bank, Mailing Address	Depository, etc. First Interstate Bank undefined Cheyenne CITY STATE Depository, etc.	001
safety deposit be Name of Bank, Mailing Address	Depository, etc. First Interstate Bank undefined Cheyenne CITY STATE Depository, etc.	001
safety deposit be Name of Bank, Mailing Address	Depository, etc. First Interstate Bank undefined Cheyenne CITY STATE Depository, etc.	001